



CITY OF ST. MARYS

BUILDING PERMIT APPLICATION

BP

PERMIT NUMBER: _____ DATE APPLIED : _____

PROJECT ADDRESS: _____ LOT #: _____

TAX PARCEL NUMBER: _____

SUBDIVISION: _____

OWNER NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTRACTOR: _____ PHONE: _____

NAME OF BUSINESS: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTRACTOR'S LICENSE NUMBER: _____ TYPE OF LICENSE: _____

EXPIRATION DATE OF STATE LICENSE: _____ OCCUPATIONAL TAX LICENSE: _____

PROPOSED USE: _____

VALUATION: _____	FEES DUE: _____ FEES PAID: _____
SPECIAL CONDITIONS: _____ _____ _____	SQUARE FOOTAGE: _____ OCCUPANCY TYPE: _____ CONSTRUCTION TYPE: _____

APPLICATION ACCEPTED BY: _____	CHECKED BY: _____	APPROVED FOR ISSUANCE BY: _____
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*******NOTICE *******

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN SIX MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED, OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS STARTED. WORK MUST BE COMPLETED WITHIN 24 MONTHS FROM DATE OF PERMIT ISSUANCE.

****PERMIT FEES ARE NON REFUNDABLE.**

I HEARBY CERTIFY THAT I HAVE READ AND EXAMINED THIS DOCUMENT AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. GRANTING OF A PER MIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL TE PROVISIONS OF AN OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT

APPROVED BY

____/____/____
DATE

____/____/____
DATE



CITY OF ST. MARYS

ELECTRICAL & LOW VOLTAGE PERMIT

E

PERMIT #: _____ APPLICATION DATE: _____

PROJECT ADDRESS: _____

CONTRACTORS INFORMATION:

CONTRACTOR'S NAME: _____

NAME OF BUSINESS: _____

ADDRESS: _____ PHONE #: _____

CITY: _____ STATE: _____ ZIP CODE: _____

ELECTRICAL LICENSE NUMBER: _____

EXPIRATION DATE ON ELECTRICAL LICENSE: _____

COUNTY OF OCCUPATIONAL TAX LICENSE: _____ EXPIRATION: _____

WRITE A DESCRIPTION OF THE WORK YOU ARE DOING: _____

LOW VOLTAGE WIRING ON THE PROJECT: _____ NO _____ YES

NOTE: IF YOU MARKED YES, YOU MUST PROVIDE A COPY OF YOUR GEORGIA LOW VOLTAGE LICENSE.

ELECTRICAL SERVICE SINGLE PHASE - SIZE: _____ AMPS

ELECTRICAL SERVICE THREE PHASE - SIZE: _____ AMPS

INTERIOR WIRING CONTRACT AMOUNT: _____

SERVICE CHANGE-OUT SIZE: _____

SWIMMING POOL: _____

RECONNECT OF DISCONTINUED SERVICE: _____

ELECTRICIAN'S SIGNATURE: _____ DATE: _____



CITY OF ST. MARYS

PLUMBING PERMIT APPLICATION

P

PERMIT NUMBER: _____

MASTER PERMIT NUMBER: _____

TAX PARCEL NUMBER: _____

DATE APPLIED: _____

PROJECT ADDRESS: _____

TYPE OF WORK TO BE DONE: _____

CONTRACTORS INFORMATION:

CONTRACTOR'S NAME: _____

NAME OF BUSINESS: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

STATE LICENSE NUMBER: _____

TYPE OF LICENSE: _____

EXPIRATION DATE OF STATE LICENSE: _____

COUNTY OF OCCUPATIONAL TAX LICENSE: _____ EXPIRATION: _____

TYPE:

ISSUANCE OF PERMIT

BATHTUB

SHOWER

WATER CLOSET OR URINAL

SINK (KITCHEN, FLOOR, UTILITY, ETC.)

WATER HEATER

WATER LINE OR REPIPE

SEWER LINE

WASHING MACHINE

DISHWASHER

DISPOSAL

DRAIN (FLOOR, ROOF, CONDENSATE)

GAS TEST OR YARD LINE

GAS OUTLETS 1-5 EACH

6 AND OVER

LAVATORY

COMMERCIAL DISHWASHER

GREASE TRAP

SAND TRAP

WATER COOLER

ICE MACHINE

LAWN SPRINKLER 1ST 5 HEADS

6-15 HEADS EACH

16 AND OVER EACH

MISCELLANEOUS

QUANTITY



CITY OF ST. MARYS

MECHANICAL PERMIT APPLICATION

M

PERMIT NUMBER: _____

MASTER PERMIT NUMBER: _____

TAX PARCEL NUMBER: _____

DATE APPLIED: _____

PROJECT ADDRESS: _____

TYPE OF WORK TO BE DONE: _____

CONTRACTORS INFORMATION:

CONTRACTOR'S NAME: _____

NAME OF BUSINESS: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

STATE LICENSE NUMBER: _____

TYPE OF LICENSE: _____

EXPIRATION DATE OF STATE LICENSE: _____

COUNTY AND OCCUPATIONAL TAX LICENSE _____ EXPIRATION: _____

NEW WORK:

NUMBER OF UNITS: _____

TONAGE: _____

CHANGE OUT:

NUMBER OF UNITS: _____

SIZE: _____

HOOD/RANGE FIRE SUPPRESSIONS EACH: _____

NUMBER: _____

FIRE PLACE: _____

NUMBER: _____

SIGNATURE: _____ DATE: _____